

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND													
1 Date of Request: _____		2 Serial/Patent # 51940											
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT									
	Filing			\$									
	Amendment			\$									
	Extension of Time			\$									
	Notice of Appeal/Appeal			\$									
	Petition			\$									
	Issue			\$									
	Cert of Correction/Terminal Disc.			\$									
	Maintenance			\$									
	Assignment			\$									
	Other			\$									
		7 TOTAL AMOUNT OF REFUND		\$									
		8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check											
Overpayment		Credit Deposit A/C #:											
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
No Fee Due (Explanation):													
02 FC. 1632 - 500.00													
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: _____			TITLE: _____										
SIGNATURE: _____			PHONE: _____										
OFFICE: _____			Refund Ref: 07/29/2005										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			0030023942										
			Credit Card Refund Total: \$100.00										
APPROVED: _____		DATE: _____		Ab Exp.: XXXXXXXXX1607									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: